S&H Form: PTO/SB/30 (12/04)



## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

## (INCLUDING FILING FEE AND/OR PETITION FOR EXTENSION OF TIME FEE)

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000 provides for continued examination of a utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA)

To: Commissioner for Patents Box RCE		Attorney Docket No.:1793.1158					
PO Box 145	0 VA 22313-1450						
First Named Inventor	Jin-hun KIM						
Application No.	10/775,025	Group Art Unit	2112				
Filing Date	February 10, 2004	Examiner	Mujtaba M. CHAUDRY				
CPA Filing Date		Confirmation No	6970				
Title of Invention	CHECKSUM WRITING METHOD AND CHECKSUM CHECKING APPARATUS						
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[Page 1 of 2]

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790.00 OP

		BAS	SIC FEE	\$		790.00		
Since an Officia	al Action set an <u>original</u> c	lue date of Augu	ıst 7, 2007_,					
	by made for an extensior							
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	); (3 months (\$1,020)); (4	months (\$1,590	)); (5 months					
(\$2,160):						· · · · · · · · · · · · · · · · · · ·		
Suspension Fe						:		
Total of above Calculations =				\$		790.00		
Reduction by 50% fo	r filing by small entity (Note 37 C.F	F.R. 1.9, 1.27, 1.28).				* * * .		
	TOTAL FEES DUE =			\$		790.00		
4. Small	entity status:							
a. □	Verified Statement Clai	ming Small Entit	y Status.					
b. □	A Verified Statement C	laiming Small En	tity Status was <sub>I</sub>	previously	filed and s	uch		
	status is still proper and	d desired.						
c. 🗌	is no longer claimed.							
5. 🔲 Other:								
6. METHOD	OF PAYMENT					•		
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│	"TOTAL FEES DUE" to	<b>Deposit Account</b>	No. 19-3935. (	A duplicate co	ppy of this form	is		
enclosed.)						3.5		
	. AUTHORIZATION					W. V.		
	ssioner is hereby authorized to cre							
or 37 C.F.R. 1.17 (processing fees) during the prosecution of this application and of any related application(s) claiming benefit hereof pursuant to 35 U.S.C. §120 to maintain pendency hereof and of any such related application to:								
Deposit	Account No. 19-3935.							
8. CORRESP	PONDENCE ADDRESS	S						
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9. SIGNATU	RE OF ATTORNEY O	R AGENT REQ						
NAME	NAME Kari P. Footland		REGISTRATION NO		O. 55,187			
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